



LOST/DAMAGED EQUIPMENT NOTICE

Attach all related reports and statements to this form.

Resource #

Event Name:

CHECK ONLY ONE

Vehicle Damage / Incident

Equipment Damage

Equipment Loss

FIRE JURISDICTION CLAIM INFORMATION

Fire Jurisdiction Name:

FDID #:

Address:

City:

ZIP:

Person Completing Form:

Phone #:

PERSONAL CLAIM INFORMATION

Name:

Address:

City:

ZIP:

Person Completing Form:

Phone #:

INCIDENT INFORMATION

Date:

Time:

(AM) (PM)

Location:

Describe loss/damage fully: (Vehicle License, Make, Model, Year, Color, type, and extent of damage)

Attach a statement describing in detail what happened

Witness:

Phone:

Witness:

Phone:

INVESTIGATION

Investigated by:

Phone:

Damage/loss caused or contributed by the dynamics of the incident: (YES) (NO) (UNDETERMINED)

Attach copy of Investigation Report to this notice

Reviewer	Printed Name	Signature	Date
Immediate Supervisor:			
Division Supervisor:			
Safety Officer:			
Finance Officer:			
Incident Commander:			

Return To:
WSP Emergency Mobilization Section
POB 42600
Olympia, WA 98504

Top Copy: To Mobilization Section
Second Copy: To Incident
Third Copy: To Jurisdiction / Employee

MOBE 9-2 Effective 5/02
Do Not Use Previous Versions